
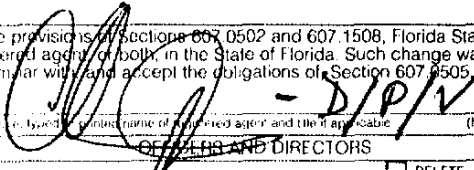
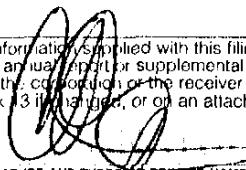


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000029740 (4)			
1. Corporation Name CPM SYSTEMS, INC.			
Principal Place of Business 8092 PIONEER RD WEST PALM BEACH FL 33411		Mailing Address 8092 PIONEER RD WEST PALM BEACH FL 33411-4816	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Date Incorporated or Qualified 04/10/1995			
3a. Date of Last Report 03/28/1996			
4. FEI Number 65-0625057		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MISERENDINO, CHARLES JR. 8092 PIONEER RD WEST PALM BEACH FL 33411		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 Zip Code	
11. Pursuant to the provisions of Sections 605.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE:  DATE: 4/5/97			
12. OFFICERS AND DIRECTORS			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
1.5 MISERENDINO, CHARLES JR. 1.6 8092 PIONEER RD 1.7 WEST PALM BEACH FL 33411			
1.8 <input type="checkbox"/> DELETE			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
2.5 <input type="checkbox"/> DELETE			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
3.5 <input type="checkbox"/> DELETE			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
4.5 <input type="checkbox"/> DELETE			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
5.5 <input type="checkbox"/> DELETE			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
6.5 <input type="checkbox"/> DELETE			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
1.5 T/S 1.6 Maria E. Miserendino 1.7 8092 Pioneer Road 1.8 West Palm Beach, FL 33411			
1.9 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
2.5 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
3.5 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
4.5 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
5.5 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			
6.5 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:  DATE: 4/5/97			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)